

Kingston City School District

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 1, 3, 5, 7, 9, & 11. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started school, ask your dentist to fill out Section 2. Return the completed form to school nurse as soon as possible.

Section 1: To be completed by Parent or guardian (Please Print)

Child's Name: Last, First, Middle

Birth Date: / /
 Month Day Year

Sex: Male
 Female

Will this be your child's first visit to a dentist? Yes No

School:

Grade:

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

Parent Signature:

Date:

Section 1: To be completed by the Dentist

I have examined _____ on _____ (date of exam). Note: The date of the exam needs to be within 12 months of the start of the school year in which it is required. I have found their dental health condition to be as follows: (check one)

- Yes. The student listed above is in fit condition of dental health.
 No. The student listed above is not in fit condition of dental health.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities.

Dentist name and address (please print or stamp) Dentist's Signature

Optional Sections:

Oral Health Status

- Yes No Caries Experience/Restoration History—Has the child ever had a cavity (treated or untreated)? / A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR and open cavity?
- Yes No Untreated Caries—Does this child have an open cavity?
- Yes No Dental Sealants Present

Other problems:

Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.